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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor:	EPHRATI et al.	Examiner:	Ronald Laneau
Application No.:	09/426,410	Art Unit:	3714
Filed:	October 25, 1999	Docket No.	ARIBP010
Title:	ELECTRONIC MULTILATERAL NEGOTIATION SYSTEM		

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in a prepaid envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on:

Marlene, 2007.

H.P.
Veronica Pula

TRANSMITTAL OF AMENDMENT F

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is Amendment F in response to Office Action mailed October 5, 2006 in the above-identified application.

The fee has been calculated as shown below.

CLAIMS	After Amd.	HP*	Extra	Small Entity		Large Entity	
				Rate	Fee	Rate	Fee
Total	20	31	-0-	x \$25 = \$		OR	x \$50 = \$
Independent	3	3	-0-	x \$100 = \$		OR	x \$200 = \$
Multiple Dependent Claims				x \$180 = \$		OR	x \$360 = \$
*HP = Highest previously paid				TOTAL FEE \$		OR	TOTAL FEE \$
							-0-

Applicant(s) hereby petition for following extension of time in which to respond to the outstanding Office Action.

	SMALL ENTITY	LARGE ENTITY	
	Rate	Add'l Fee	Rate
<input type="checkbox"/> Extension for Response within FIRST month	x \$60 = \$		OR x \$120 = \$
<input type="checkbox"/> Extension for Response within SECOND month	x \$225 = \$		OR x \$450 = \$
<input checked="" type="checkbox"/> Extension for Response within THIRD month	x \$510 = \$		OR x \$1020 = \$ 1020.00
<input type="checkbox"/> Extension for Response within FOURTH month	x \$795 = \$		OR x \$1590 = \$
<input type="checkbox"/> Extension for Response within FIFTH month	x \$1080 = \$		OR x \$2160 = \$

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Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-0685. (ARIBP010).

Enclosed is our Check No. _____ in the amount of \$ _____ to cover the additional claim fee and/or extension of time fees.

Enclosed is Applicant Initiated Interview Request Form, PTOL-413A.

Enclosed are _____ sheets replacement drawings.

Please charge Deposit Account No. 50-0685 (ARIBP010) in the amount of \$1020.00 to cover the additional claim fee and/or extension of time fees.

If the required fees are missing or any additional fees are required during the pendency of the subject application, please charge such fees or credit any overpayment to Deposit Account No. 50-0685 (ARIBP010).

OTHER:

Respectfully submitted,
VAN PELT, YI & JAMES LLP



Robyn Wagner
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